MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 133AA

Registered No. 164

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. ..... St. ..... W

(If birth occurred in a hospital or institution, give its NAME instead of street and numb

2. Full name of child Roberto Navarotta { If child is not yet named, m supplemental report, as direct

3. Sex of Child Male | To be answered ONLY in event of plural births. | 4. Twin, triplet or other ..... 5. No., in order of birth ..... | 6. Legitimate? yes | 7. Date of birth 8-16-31 Month Day Year

8. FATHER

Full name Ygnacio Navarotta

9. Residence (Usual place of abode) Miami

If non-resident, give place and state.

10. Color or race Mex | 11. Age at last birthday 27 (Years)

12. Birthplace (city or place) Arizona (State or country)

13. Occupation Nature of industry Teaching Chant

14. MOTHER

Full maiden name Carmen Cabrera

15. Residence (Usual place of abode) Miami Miami

If non-resident, give place and state.

16. Color or race Mex | 17. Age at last birthday 27 (

18. Birthplace (city or place) Arizona (State or country) Arizona

19. Occupation Nature of industry Hse

20. Number of children of this mother 1 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

21. Were precautions taken against o thalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 7 a.m. on the date above stat (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. A. Corkins (Physician or midwife).

Given name added from a supplemental report 955-816-335 Month, day, year

Address Miami

Filed July 24, 1932 C. E. Crow